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ABSTRACT

This booklet provides information for parents to help prevent substance abuse in their children. The first section contains excerpts from the keynote address, "Drugs and the American Family," given by Mitchell Rosenthal to the Ohio Drug Studies Institute in Columbus, Ohio. The second section contains specific recommendations for setting limits and teaching through example. The third section provides statistics about current drug use in school-aged children. The fourth section provides information to help parents determine if the activities their children are attending are appropriate for the age of the child, properly supervised, and safe. The fifth section provides general guidelines for teaching responsibility to children. Guidelines for youth attending activities outside the home, age-appropriateness of the activity, supervision, adult liability for minors, and suggestions for weekend hours and hosting a party for youth are included. Information is also given about the "safe homes" program. The sixth section discusses alcohol, tobacco, and marijuana as gateway drugs. Other drugs are described, and the concept of addiction is examined. The seventh section provides guidelines for talking with children about alcohol and other drugs. The eighth section lists danger signals for substance abuse, and discusses family issues and children of alcoholism. The ninth section focuses on prevention. The role of the church/synagogue/mosque is described, and information is provided for finding help. A bibliography of materials for adults and youth is included. (LLL)

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AS PARENTS, WE WILL...

A Guide for Parents

1990's EDITION

CG024202

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As Parents, We Will received a
Markie Award
for excellence in alcoholism
communications and marketing
National Foundation for Alcoholism
Communications
Seattle, Washington

First Place — Public Service Materials
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"Nothing today is as important for parents to recognize as the need to set limits. Parents must be able to take positions about bedtime or drinking or sleepovers. They've got to know where they stand on curfews, school night dating, chaperones, or study time — and they've got to hold that line in the face of bickering and blackmail and all the other tactics youngsters use to get their way.

"And the payout is that children who are IN control because they're UNDER control feel better about themselves — and feel better about their parents."

Mitchell Rosenthal, M.D.
Child Psychiatrist
President, New York Phoenix House

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This guide concerns the nation's
#1 health problem...

The following excerpts are from the keynote address, "Drugs and the American Family," given by Dr. Mitchell Rosenthal to the Ohio Drug Studies Institute in Columbus, Ohio.

RAISING CHILDREN IN THE 1990'S

"A great many young people today share a common anxiety. They are, to some degree, out of control. They have demanded and have been granted freedoms and privileges they are often unprepared to handle...

"The result is that a good many youngsters are into situations they can't handle — social situations, emotional situations. They feel a lot of anxiety and some guilt. They fear their parents are too busy or self-involved to care.

"...Now it's easy to say that all these kids are out of control and abusing drugs because parents aren't doing their job. But it's not necessarily true. It isn't parents who are letting society down — mostly it's a matter of society letting down parents...

"It's easy to see how parents have come to play smaller and smaller roles in their children's lives. For most of man's history, children learned just about everything they knew about the world from their parents. Parents were more than just bill-payers, caterers, and housekeepers. They were their children's teachers. They were their children's employers. They provided most of their children's health care. And they directly transmitted their own ideas and attitudes to their children.

"What other inputs children did have almost invariably reinforced what parents were saying. The church and the community stressed the same ideas that parents did. The schools taught the same virtues that were taught at home. Even the media stuck to the party line.

"Many of us remember this. It wasn't all that long ago that schools and movies and magazines amplified the message we got from our parents. Today, they don't. Today, children are exposed quite early to a wide variety of ideas and influences.

"...As a result, the parental voice is only one in a chorus of grown-up voices. And these voices often say different things. What children hear may very well conflict with what their parents believe...

"...Youngsters watch television. They pick up on the cultural values of today's situation comedies, with attitudes about age and sex and work that can be miles away from what they see and hear at home. No one who has ever housed an adolescent can underrate the influence of music. What are the

songs of youth saying? Well, they say things like, 'We don't need no education, we don't need no thought control.' They say drinking is okay and drugs are okay and 'It ain't nobody's business but my own.'

"So children come up with ideas quite different from the ideas of their parents. What's more, they believe — and many adults believe — that there's nothing strange about this. We got the idea sometime during the 1960's that there not only WAS a difference, but there SHOULD be a difference between the values of the young and the values of their parents.

"This brings us to the notion of equality — that somehow or other, parents and children are equal — and their ideas carry equal weight. Where did this notion come from?

"Well, I suspect it is the result of social progress we have made in the past two decades when we confronted irrational inequality. We looked at relationships between blacks and whites, between men and women, and we said, 'These are unequal' and 'There is no rational basis for this inequality.' But one price for this progress has been to cast doubt on the validity of ANY unequal relationships — relationships between teacher and student, convict and keeper, parent and child.

"Inequality makes parents uncomfortable, no matter how rational or reasonable or even necessary it may be... Too often I have heard mothers and fathers explain their inability to compel a child to change a dangerous or destructive piece of behavior by saying, 'It would destroy our relationship' — as though that relationship were an end in itself.

"Now, I think it's important to recognize the parent-child relationship for what it is — inherently and rationally unequal — and to accept personally rewarding dealings with children as a benefit and not a purpose of parenthood. The parental mission, after all, is as easy to define as it is hard to accomplish — and it is to prepare children to live successfully as adults in the real world.

"If I seem to describe the parent-child relationship in terms of conflict, it is because it is a form it often takes. Children will test — they will seek more control over their own lives — they will demand freedoms before they are able to deal with them.

"Every day I see children who have won their fight for premature freedoms and lost something far more valuable — the sense of security of a neat and orderly universe — that they need to mature comfortably. I am talking about children who are exercising freedoms and privileges they are ill-equipped to cope with — who feel threatened and guilty and react with anger towards their parents.

"Now, if we are to stem the tide of youthful drug abuse, then we are going to have to clamp down on the millions of youngsters in this country who are out of control — youngsters who feel guilty and angry and are running amok trying to run their own lives — children who need limits and controls.

"Nothing today is as important for parents to recognize as the need to set limits. Parents have got to be able to take positions about bedtime or drinking or sleepovers. They've got to know where they stand on curfews, school-night dating, chaperones, or study time — and they've got to hold that line in the face of bickering and blackmail and all the other tactics younsters use to get their way. And the payout is that children who are IN control because they're UNDER control feel better about themselves — and feel better about their parents.

"...When youngsters have been involved in episodes of drug-taking, no one is better able than parents to help them break the social patterns that may contribute to drug use or cope with feelings that may not be responsible. It takes understanding. But understanding cannot extend to condoning behavior that clearly violates the position parents have chosen to enforce. At bottom, the demand must be 'no alcohol or other drugs.'

"...Everybody else, it always seems, can stay up longer, stay out later, and go to more parties. But when parents get together and compare notes, it almost invariably turns out that they share many of the same values and the same reservations about the freedoms their youngsters are clamoring for.

"This is how many of the new parents' groups across the country have started — by parents who pulled together for mutual support — who have helped each other draw lines and set limits. Together they've been able to resolve questions of curfews, chaperones, and party crashing. And they have been able to confront youthful substance abuse too, and change it dramatically.

"Not only CAN parents cope with drug abuse, they SHOULD cope with it, and they should be able to get the kind of support they need from their schools and their communities. We, in the drug abuse field, should not be deciding for parents what kinds of values or attitudes our programs reflect. Parents should be telling us. We are dealing with their children, working in their schools, and being supported by their communities.

"I believe youthful alcohol/drug abuse today is society's single most terrifying problem...We need all the help we can get to cope with this — and we need parents most of all."

Mitchell Rosenthal, M.D.

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GOALS FOR PARENTS

AS PARENTS, WE WILL...

- set a responsible example in our own use of alcohol and other prescription and over-the-counter drugs.
- promote and encourage AGE-APPROPRIATE social activities for our children from kindergarten through high school. We will make sure adolescent and teen activities do not include alcohol and other drugs.
- communicate openly with other parents and adults who supervise our children to establish a sense of community and to provide the consistent message to our youth: "No use of alcohol and other drugs because we care about you."
- set appropriate, fair rules and limits for social activities, then enforce them consistently.
- teach our children that saying "NO" is O.K. True friendship means being accepted even if one chooses not to do what others do.
- deem it a priority in our lives to learn all we can about alcohol and other drugs. Thorough knowledge of these substances AND their effect will enable us to discuss them credibly with our children.
- allow only well-supervised parties for young people in our homes, limiting the number of invited guests to a size we or our children are able to control. We will not serve alcohol to minor guests nor allow them to bring alcohol or other drugs into our homes.
- be sensitive and supportive to children we know who are living in homes where a family member suffers from alcoholism/chemical dependency.
- support school, sports league, and law enforcement policies regarding the use of alcohol and other drugs by youth and encourage appropriate and consistent consequences. Referring troubled youth and their families to helping professionals should be an integral part of any policy.
- request and endorse a comprehensive, meaningful intervention/prevention/education program about alcohol and other drugs for all staff, parents, and students in grades K-12.

The Johnson Institute reports that at least 15% of students aged 12 to 17 have serious problems with alcohol/drugs. Another 5% have become chemically dependent. Furthermore, at least 25% of all school-aged youth are children of alcoholics. All in all, between one-fourth and one-third of all school-aged children are seriously affected by their own or someone else's alcohol/drug use.

AS PARENTS, WE WILL...

be concerned

STATISTICS

- A study of eighth grade students conducted by researchers at the University of Southern California, Los Angeles, revealed that young people without adult supervision after school are twice as likely as those with supervision to use alcohol, marijuana, and cigarettes.
- In a *Weekly Reader* survey of 519,000 elementary school students, 26% of fourth graders, 31% of fifth graders, and 42% of sixth graders said they had tried wine coolers. Only 26% of the fourth graders said they believed wine coolers would be harmful if drunk daily.
- Tobacco is considered a "gateway" drug. PRIDE of Atlanta, Georgia, reports that 81% of teenage cigarette smokers also try pot vs. only 21% of nonsmokers. A majority of pot users, 67%, progress to other drugs, while youngsters who do not smoke pot rarely try other drugs.

"We are producing too many young people who may never be productive and responsible citizens, much less lead happy and rewarding lives. When 50% of our youth are at one or another time abusing alcohol or other drugs, then something is seriously wrong with our society."

Dr. David Elkind
Professor of Child Study, Tufts University
Author of *The Hurried Child*

- According to Claudia Black, a nationally recognized consultant to treatment programs for children of alcoholics, alcohol is involved in 65% of child abuse cases; investigations of battered children who have died or required hospitalization reveal commonly that the parent was drunk at the time of abuse.
- In surveys conducted at the National Cocaine Helpline, it was discovered that 18% of adolescents using cocaine had attempted suicide.

- The *Journal of the American Medical Association* states that 250,000-500,000 high school seniors take anabolic steroids. More than 60% buy them illegally. Over one third of the users said they first started to use the body-building drugs at age 15 or younger.

- Robert DuPont Jr., M.D., former White House Drug Chief and the first Director of the National Institute of Drug Abuse, states that among American sixth and seventh graders, 8% have already used marijuana, and 4% are REGULAR users by the time they complete SEVENTH grade.

- *Alcohol Health and Research World*, a publication of the U.S. Government Printing Office, presents the following statistics:
  - Since the 1960's the rate of suicide among young people aged 15 to 24 has increased dramatically, by 250% in young women and 300% in young men. The majority of teenage suicides occur when the victims are intoxicated or have a history of some drug abuse.
  - Studies show that 95% of teenage pregnancies occur when one or both partners are under the influence of intoxicants.
  - The majority of juveniles in correctional institutions committed their offenses while high.

- The National High School Survey has been conducted annually since 1975 by the School of Social Research at the University of Michigan. The survey reveals:
  - Over 50% of high school seniors have tried an illicit drug. Between 35% and 55% of these eventual users initiated use prior to the tenth grade.
  - Nearly 30% of high school seniors indicate they are current smokers of cigarettes, with approximately 20% reporting they smoke daily.
  - Over 90% of high school seniors have used alcohol, nearly 5% drink **daily,** and over one third of senior students report heavy party drinking (five or more drinks in a row) on at least one occasion in the two weeks prior to the survey.
  - Approximately 5% of all seniors indicated they had tried crack at some time in their lives.

- Government statistics reveal alcohol-related traffic accidents as the number one cause of death among teenagers. The National Highway Traffic Safety Association adds that over 60% of teens involved in automobile accidents have been drinking alcohol. In addition, the National Institute on Alcohol Abuse and Alcoholism (NIAAA) has stated that 400 to 800 boating fatalities annually involve alcohol, and 65% to 69% of all reported drownings implicate alcohol.

THE SOCIAL SETTING FOR YOUTH

There is a wide variety of social activities for youth provided by the schools, community centers, and churches in our communities. Children and teens are also invited to attend parties in private homes and other locations. Adults participate in the planning of many of these parties. In addition to these organized events, parties "develop" when a few friends get together, or parties are planned by youth without adult consent or knowledge. At various ages, young people participate in sports; spend time with friends in private homes, at playgrounds or parks; congregate in the shopping areas; ride around on bikes or in cars; and attend movies, concerts, and other events.

Some of these activities are well-supervised and safe for young people, but some are not. Parents need to determine if the activities their children are attending are appropriate for the age of the child, properly supervised, and safe.

"I started smoking pot
in fifth grade with a couple of friends.
We had to be real sneaky because it wasn't 'cool.'
In middle school we kept getting high. It still wasn't 'cool.'
But once we got to ninth grade, we were the 'in' group.
It seemed like we were on the right train and
everyone else was trying to get on."

"John"
Recovering High School Student

ACTIVITIES THAT HAVE CAUSED CONCERN

Parents have expressed concern about some of the social activities available to students at various age levels, including:

Activities for Elementary School Children

- Mixed parties that emphasize boy/girl relationships, such as dances.
- Shopping or "hanging out" in malls or other shopping areas without supervision.
- Parties supervised by baby sitters or siblings.
- Playing at homes after school where there is no adult supervision.
- Slumber parties.

Activities for Middle and High School Youth

- Slumber parties that are "raided."
- Parties that "develop" when parents are at work, out for the evening, or out of town. Frequently a youngster becomes an involuntary host to a large gathering.
- Open parties and "keggers."
- Gatherings at locations where alcohol and other drugs can be used without close observance, such as parks, school playgrounds, alleys, shopping areas, and fast-food restaurants.
- Motel or hotel parties. (These are becoming more prevalent. Traditionally they follow proms or special dances, but they are also held at times when there is no special event.)
- "Partying" in cars or "partying" in limousines during special events.

ALCOHOL AND OTHER DRUG USE AMONG YOUTH

The majority of youngsters are introduced to cigarettes, alcohol, marijuana, and other drugs between the ages of 11 and 14. Children are most commonly FIRST encouraged to try alcohol and other drugs by:

- an older sibling.
- a baby sitter.
- the older sibling of a friend.
- a friend.
- a relative.
- a parent.

From age 14, young people accept as the social norm the use of alcohol and, depending on the child's peer group, marijuana and other drugs as well. It is during the ninth grade that the greatest percentage of youth move from their earlier experimentation to use of alcohol and other drugs.

The type of school — private, public, or parochial — has no influence on a student's experimentation with or exposure to alcohol and other drugs. The academic achiever, the athlete, musician, and student leader are as likely to be involved as the less-active youngster or the one with a low scholastic record.

Parties are a major part of the high school student's social life and are of growing importance in middle school. Most youngsters believe their friends will not attend their parties or will be "bored" if alcohol is not served or allowed.

In addition to alcohol, it is not unusual to find marijuana and some other drugs being used at parties. Drugs are readily available, and most students, whether or not they are users, know how to obtain them. The supplier usually is a peer, not the seedy drug dealer of the parent's imagination.

"Keggers" are a common event for teens. Kegs of beer are purchased by older friends, siblings, or adults. Admission to cover the cost of beer is often charged.

Although it is illegal, high school youth believe they have a "right" to drink alcohol and many believe they can drink "responsibly."

There are parents in the community who serve alcohol to teens or allow them to consume it in their homes.

Children TRY alcohol and other drugs because:

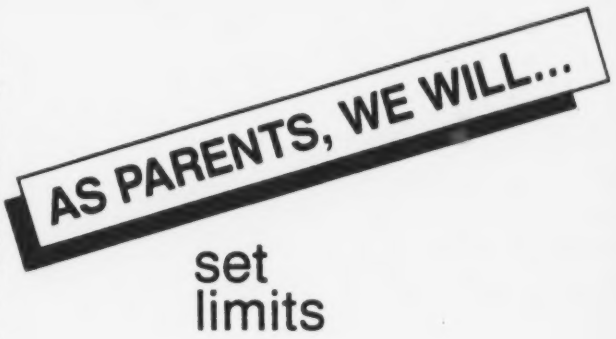
- they want to parrot adult behavior.
- alcohol and other drugs are readily available.
- they are curious and have heard alcohol and other drugs make you feel good.
- they feel the need to be a part of the group.

However, they are more likely to CONTINUE to use if that early experience was positive (the alcohol or other drug made them FEEL GOOD and there were no negative consequences). Students say drug use seldom is the result of DIRECT peer pressure.

"... We need to look to the broader community for the main influences on children. The present societal environment is permeated with messages about alcohol/drugs that range from tolerance to glamorization. In such an environment any effort to teach youngsters abstinence from such substances is a little like trying to promote chastity in a brothel!"

Journal of Studies on Alcohol
(Vol. 49, No. 1: 38-61)

From kindergarten through grade 12, communicating with other parents is helpful when setting limits for your child. This can be done either informally or in organized grade-level parent discussion groups. The consensus of other parents is often useful information. You, of course, must make the decision for YOUR family. However, you can draw support when you know others have set similar limits.



GENERAL GUIDELINES

- Let your child know you trust him/her, but limits are necessary for his/her health and safety.
- Teach your child to be responsible for his/her behavior. Privileges are gradually earned by exhibiting responsible behavior. Privileges are not granted or are withdrawn when irresponsible behavior is exhibited.
- Give reasonable and age-appropriate sums of money and EXPECT PERIODIC ACCOUNTING OF IT.
- Acknowledge peer pressure, but let your child know that you expect him/her to avoid the use of alcohol, tobacco, and other drugs. It is important for parents to emphasize respect for health and the law.
- Monitor your personal supply of alcoholic beverages. It may be advisable to keep the supply in a secure place. Although you trust your own child, his/her friends may be more adventuresome.
- Get to know your child's friends and their parents.
- Make certain the social activity your child wants to attend is AGE-APPROPRIATE. If you are concerned about the activities being offered at any age, consider planning with other parents to slow down the socialization of your children. Parents should not be overly protective, but they should carefully consider each new social experience their child may encounter.

"I believe we show our children we care by the limits we set, the models we provide, and the love we give."

Dr. John A. Whritner
Former Superintendent of Schools
Grosse Pointe, Michigan

CONSIDERING THE ACTIVITY

Is the activity age-appropriate?

It is not in the best interests of children to place them in social settings for which they are not ready. According to Dr. David Elkind, author of *The Hurried Child*, if some social experiences are postponed a year or so in early grades, students are less likely to expect adult-like experiences in their teen years. The following are some social activities that may be inherently unhealthy for children if experienced at TOO YOUNG an age:

- Overnights or slumber parties.
- Mixed parties that emphasize boy/girl relationships.
- Rock concerts.
- Dating.
- Riding in cars driven by teens.
- Formal parties and proms.

Is the activity adequately supervised?

Parents should always be aware of the extent of supervision being arranged for their children when placing them in the care of others.

- Will there be a sufficient number of chaperones and will they be attentive and visible?
- Will the children be supervised by adults or will they be supervised by a baby-sitter or older sibling?
- Will parents be at home for the entire evening?
- Do the adults "in charge" set curfew hours or expectations for behavior that are consistent with yours?

GUIDELINES WHEN YOUTH ATTEND ACTIVITIES OUTSIDE YOUR HOME

- Know where your children are and **let them know where you will be.**
- Be aware of transportation arrangements. Assure your children that if there is any question about the driver's condition (car pool driver, adult for whom they are babysitting, or teen friend), you want to be called for pick up — no questions asked.
- Establish the time your children are expected to return home and expect to be notified if there is a delay. Be awake or awakened when they come home at night.
- Call the adult in charge of an activity to verify the occasion, location and duration, adult supervision, and policy on alcohol. If the activity seems inappropriate, express your concern and encourage alternative activities.

SUGGESTED WEEKEND HOURS

Each family must establish the hours that are most comfortable for them. Although this is a personal decision, parents might like to talk with the parents of their child's friends to arrive at a consensus. Parents should be aware that some communities have curfews for young people. Listed below are general guidelines that parents have confirmed in previous discussion groups.

Children, including teens, should be encouraged to stay home on school nights except for special school activites, community events, or adult-sanctioned extra-curricular activities.

It is presumed that children in grades K-5 are at home or with their parents on weekend evenings.

The following are SUGGESTED WEEKEND hours, except for special events such as proms and homecoming.

6-7th grade	9:00-9:30 p.m.
8th grade	9:30-10:00 p.m.
9th grade	10:30-11:00 p.m.
10th grade	11:00-11:30 p.m.
11th grade	11:30-12:00 midnight
12th grade	12:00-12:30 a.m.

SUGGESTIONS FOR HOSTING A PARTY FOR YOUTH

- Plan the party with your youngster — type of party, time span, number of guests, who will be invited, where in the house or yard the party will take place, handling of possible problems. Be sure that she/he understands that no alcohol or other drugs will be allowed.
- Keep parties small. Consider sending written invitations.
- Have an adequate number of adults to help supervise. Be visible and available.
- Provide sufficient food and planned activities.
- When parents of invited guests inquire, be prepared to share party plans.
- Make certain the type of party is age-appropriate.
- Remove all alcoholic beverages from view and put them in a secure place.

- At teen parties:
  - agree that guests who leave, no matter how briefly, may not return.
  - determine how party crashers will be handled.
  - greet each guest.
  - call the parents of anyone possessing alcohol or other drugs or appearing to be under the influence of either.
  - plan for anyone arriving under the influence of alcohol or other drugs to get home safely.

ADULT LIABILITY FOR MINORS

Parents are legally responsible for their minor children and have civil liability for their actions.

In recent years there has been a change in the interpretation of the laws which relate to serving alcohol to minors. Current cases have held adults liable for accidents or injuries that have resulted when minors were served. In addition, local ordinances are being adopted to fine adult householders who allow minors to consume alcohol and other drugs on their premises whether the adult is at home or not.

SAFE HOMES

Many communities and schools around the country are adopting the SAFE HOMES program. Parents are encouraged to sign a pledge (see below). The list of those who sign the pledge is made available so parents will know which homes are safe for their child to visit. For a sample copy of the SAFE HOMES brochure for elementary parents or the SAFE HOMES brochure for middle/high school parents, contact SAC[2].

Pledge for Middle/High School Parents

- We will not allow parties or gatherings in our home when we're not there.
- We will not serve alcohol to youth nor will we allow youth under legal drinking age to consume alcohol in our home or on our property.
- We will not allow the use of illegal drugs in our home or on our property.

Pledge for Elementary School Parents

- We will provide adult supervision for all children visiting in our home.
- We will provide a secure place for the storage of all forms of alcohol, firearms, toxic chemicals, and other potentially hazardous items.
- We will not allow young people under legal age to use tobacco, alcohol, or other drugs in our home or on our property.

AS PARENTS, WE WILL...

know the facts

Dozens of drugs are readily available in our communities. There are many books and pamphlets in our bookstores and libraries which include comprehensive, factual descriptions of individual drugs. These lists are a litany of physical, psychological, and emotional havoc. Some basic information useful for parents is included here. The most important fact for parents to remember is that ALL alcohol/drug use by minors is damaging. Don't worry about street names for drugs or the jargon of the drug culture; they change often and differ geographically. Don't worry about memorizing the differences between drugs; the characteristics they share are more important.

All drugs, including alcohol and tobacco:

- must be detoxified by the body.
- are mind-altering chemicals.
- can result in physical and/or psychological dependence.

There is no such thing as a "safe" drug. A clear and consistent message is necessary from BOTH parents: NO USE OF ALCOHOL OR OTHER DRUGS IS ACCEPTABLE. All parents must remain firm in this position whether the drug is alcohol, cocaine, or something brand new the young people consider "safe."

A commonly overlooked danger is the unpredictability of the effects of alcohol/drugs, unpredictable even for the same person when s/he uses the same alcohol/drug on a different occasion. Effects vary according to:

- age.
- prior experience of user.
- mood and food.
- individual body chemistry.
- weight.
- the presence of other drugs, including prescription drugs.
- time and place.

It is often difficult for a parent to detect alcohol/drug use in his/her child. Parents know their own children best. If you are experiencing uneasiness, sense that something is wrong, or note a pattern of change in your child's behavior or appearance, consult Danger Signals, page 22 of this guide.

GATEWAY DRUGS

The term "gateway drug," coined in recent years by experts who work with adolescent drug/alcohol problems, is used to describe certain drugs whose use leads to the use of other drugs. Studies have shown firm links between the use of tobacco, alcohol, marijuana, and specific other drugs.

Tobacco

Nicotine is an addictive, mind-altering drug present in tobacco in conjunction with the drug acetaldehyde, a more potent relative of alcohol. These drugs produce a dependency often described as among the most difficult to treat. Tobacco addictions cause more deaths annually than all other drugs combined. Tobacco use among youth is increasing.

Alcohol

Alcohol is a DRUG. It is the most overused drug in America by all age groups. When asked to name the drug posing the greatest threat to our youth today, most professionals in the field will answer, "Alcohol."

A 12-ounce can of beer, a 5-ounce glass of wine, a 1½-ounce serving of liquor, and a 12-ounce wine cooler all contain the same amount of ethyl alcohol. Many wine coolers actually have a *higher* alcohol content than the others, but studies have shown many children consider them as safe as soft drinks.

Alcohol reaches every cell in the body. Its potential for destroying human tissue seems to be most manifest in the brain and liver. No other substance is known to alter the chemical reactions or physiology of the human body as dramatically as does alcohol. Adolescent bodies continue to undergo major growth and changes into the late teens and beyond. Therefore, twenty-one seems a sensible minimum age to begin altering body chemistry.

In addition, one of the first effects of drinking alcohol is depression of the judgment centers of the brain, thereby reducing inhibitions.

Loss of inhibitions
+ alcohol-induced problems of coordination
+ adolescent risk-taking behavior
+ inexperience with the effects of alcohol

= many unnecessary accidents, injuries, and deaths.

Marijuana/Hashish

Marijuana and hashish are derived from the same plant and contain the active ingredient THC. THC is fat-soluble and is attracted to the body's fatty organs, where it accumulates, particularly in the brain, testes, ovaries, and pituitary gland. Four to six weeks are necessary for the body to rid itself of the THC found in one "joint." Marijuana adversely affects the brain, central nervous system, heart, lungs, sinuses, and the body's immune system. All of the long-term effects will not be known for many years.

The THC content of marijuana is 10 to 20 times higher than it was just a few years ago. Nevertheless, marijuana use remains difficult to detect, with the VISIBLE effects wearing off after an hour or two. The "high" is usually gone within an hour or less, but impairment, particularly of driving skills, may last four hours or more. The user is unaware of his/her condition because s/he feels "sober."

OTHER DRUGS

Cocaine/Crack

The "high" from cocaine in any of its forms is euphoric with the user feeling very verbal, lucid, and confident. Crack, the smokable rock form of cocaine, is a particularly compulsive drug, with a rush so intense that often even first-time users focus on nothing except more of the drug. Convulsions, heart attacks, brain seizures, respiratory problems, hallucinations, and death are a few of the possible consequences of cocaine use.

Steroids

Anabolic steroids are synthetic derivatives of the male hormone, testosterone, which promotes tissue growth and increases strength and the development of male sex characteristics. The American Medical Association reports that large numbers of high school students have used anabolic steroids. These drugs are readily available to youth, show signs of causing dependence, and their use is responsible for suicides as well as numerous serious medical conditions.

Designer Drugs/Ice

Ice, ecstasy, and other "designer drugs" are a deadly and ever-changing menace. Simple and inexpensive to produce, rarely detected on ordinary drug tests, these drugs can be many times as powerful as heroin.

Designer drugs can be new forms of existing drugs. Ice is a crystal form of methamphetamine. Some are copies of narcotics, anesthetics, or other drugs with a molecular structure which has been slightly altered. Because the law cannot keep abreast of the new drugs as they become available, many of these drugs are not illegal. Thus manufacturers and pushers run little risk of arrest.

Inhalants

The special danger of inhalants may be that parents of very young children often are unaware that these common products can be among the first drugs of experimentation by ELEMENTARY AND MIDDLE school students. Substances which are "sniffed" or inhaled deeply to achieve a "high" may include inexpensive household products such as aerosols and some petroleum products. Glues and "white out" have been very popular in the past. There are many health risks, including psychological dependence. Inhalants may cause sudden death with the first use.

In Addition...

Dozens of other drugs are currently in vogue with our youth. The popularity of each drug varies according to geographic location, age of the user, current availability, and fluctuating cost. The problems associated with each do not really vary much. All cause harm and should be of concern to parents. (For a more thorough discussion of individual drugs, including their specific chemistry, see Bibliography, page 29, of this guide, particularly books by DuPont, Gold, and Cretcher.)

Special Problems of Youth

In addition to the myriad health problems and accidental injuries associated with the use of alcohol/drugs by youth, their use may inhibit personal growth and the development of social skills at a crucial time. Alcohol/drugs hinder learning to:

- handle interpersonal relationships.
- control sexual impulses.
- maintain personal ethical standards.
- make independent decisions.

ADDICTION

Alcoholism (chemical dependency) was defined as a DISEASE by the American Medical Association in 1956. It is a health problem, not a moral problem nor the symptom of a psychological problem. One of the most treatable illnesses, it can be fatal if not arrested. Anyone of any AGE may become a victim. Genetic research continues and has identified at least one gene that appears to play a role in the predisposition to alcoholism. When first use occurs at an early age, the risk for dependency increases. Alcoholism/chemical dependency is usually a progressive disease. An adolescent may experience its symptoms and patterns from the first use of alcohol and/or other drugs. The physiological and emotional immaturity of an adolescent combined with a genetic predisposition to the disease may shorten to a few months the progression from first use to dependence.

"Adolescent alcoholism seems to be more closely tied to heredity. As with others, asking adolescent alcoholics why they drink is a waste of time. Adolescents say that adults drink to reduce anxiety or relieve personal problems, but rarely give this as a reason for their own drinking. Peer pressure and seeking adult status are no doubt very important in nonalcoholic adolescent drinking, but the adolescent alcoholic seems to drink for the effect. There seems to be less of the controlled drinking of adult alcoholics: most say they drink to get high and 52 percent of adolescent problem drinkers drink simply to get drunk.

"Progression seems more rapid, and organic damage, especially to the central nervous system, seems to be greater because the latter is still in formation. There is a lot of denial on the part of both the individual and society: 'It can't happen that young;' or 'They'll grow out of it.' They are worse as drunk drivers because they are inexperienced both as drivers and drinkers. Because of smaller body size and tolerance, it usually takes less alcohol to inebriate them.

"Most important is the polydrug complication. Almost no adolescent alcoholics use only alcohol. Combination with one or more other drugs is most common. High prevalence of polydrug abuse has lowered the age at which many individuals so afflicted must get help if they are to recover."

James E. Royce, S.J., Ph.D.
Alcohol Problems and Alcoholism

TALKING WITH YOUR CHILD ABOUT ALCOHOL AND OTHER DRUGS

AS PARENTS, WE WILL...

communicate

- Become informed about alcohol and other drugs and their effects. Be a CREDIBLE source of information for your child.
- Initiate active discussions centered on the media's portrayal of attitudes about alcohol and other drugs. This includes the attitudes projected in advertising, television programs, films, magazines, and music.
- Make your position on alcohol and other drug use clear to your child so that s/he knows where you stand, even if you have no indication s/he is involved. Base your discussion on issues of health and well-being.
- Help your child understand the reasons for your expectations. You love him/her and you are concerned about his/her well-being.
- Let your youngster know you trust him/her. Allow your child the opportunity to prove s/he can live up to your expectations. Praise him/her for good judgment whenever appropriate.
- Try to reach agreement with your spouse about handling the issue of alcohol and other drug use. There should be consistency and mutual support in your communications with your child on this subject.
- If you suspect alcohol or other drug use, avoid unproductive accusations and name calling. Sit down with your child when s/he is not drunk or "stoned" and discuss calmly any evidence you have about his/her use. Talk about your personal concern for him/her. Although you disapprove of his/her BEHAVIOR, you still love him/her. Try to keep the discussions on a rational level.
- Consider seeking professional counseling. This may help to reopen communication between parent and child by providing a neutral ground for expression of feelings. A counselor who works primarily in the field of alcohol and other drug problems may be the most beneficial.
- Be a good model. Your own use influences your child's use.

"Teenagers had one major message for their parents; they wanted to be listened to. They wanted concern and respect. They wanted time and attention from their parents."

Robert L. DuPont, Jr., M.D.
Getting Tough on Gateway Drugs: A Guide for the Family

ACTIONS SPEAK LOUDER THAN WORDS

Do you:

- ever come home from work and announce you "need a drink" because you've had a hard day?
- leave bottles out on prominent display instead of storing them from view?
- press adult guests to have an alcoholic beverage instead of offering them a soft drink, juice, coffee, or tea?
- fail to assume responsibility for the safety of guests who are intoxicated?
- make alcohol the focal point of your parties?
- believe alcohol is necessary at family or social events?
- convey the attitude that intoxication is healthy, safe, and socially acceptable?
- reward a youngster with a drink on a birthday or a special day to signify his/her adulthood or accomplishment?

A recent study by Hazelden Center in Minneapolis, Minnesota, noted that of the variables considered, the most important single contributor to a child's decision not to use chemicals was that child's understanding of the degree of parental upset if he were caught using.

"Sole attention to youth misuse of alcohol and other drugs is a red herring to the real issue of alcohol/drug use in our larger society. The distracted focus serves to protect the societal status quo while stigmatizing and scapegoating a relatively powerless population. Youth use of alcohol/drugs only reflects and parallels that of our society.

Rick Kritzer, Prevention Coordinator
Columbus, Ohio Health Department

DANGER SIGNALS

Some symptoms of teen alcohol/drug abuse are not clear-cut. Many of the signs can be confused with "normal" adolescent behavior or with health dysfunctions. However, it is critical to be alert and to know that a combination of the following characteristics may be cause for concern.

- Has your child's personality changed noticeably? Does s/he have sudden mood swings and unpredictable behavior?
- Does your child seem to be losing old friends and spending time with a new group about whom you know little or who are known as a "party bunch"?
- Is your child unable to account for large sums of his/her money, or have you had objects or money mysteriously disappear from your home?
- Does your child defend his/her right to drink?
- Is your child reluctant to talk about alcohol or other drugs?
- Does your child drive irresponsibly?
- Does your child lie about drug and alcohol use as well as other activities?
- Have you ever found drug paraphernalia (rolling papers, baggies, small spoons, roach clips, capsules) or bottles or beer cans in his/her room? Did your child "explain it away" when confronted?
- Has your child lost interest in his/her physical appearance?
- Has your child admitted to trying alcohol or other drugs "just once" while denying any regular involvement?
- Are you hearing rumors about your child's partying, goofing off, or drinking?
- Has your child been cutting classes or been tardy frequently?
- Do you, as parents, conceal from each other information about your child's behavior?
- Is your child suddenly less responsive? Is s/he losing interest in school work, athletics, extra-curricular activities, family, job and/or other previous interests? Are grades dropping? (not necessarily only from A's to D's but also from B's to C's)?
- Do you detect any of these physical symptoms: excessive fatigue, disturbed sleep pattern, chronic cough, chest pains, "allergy" symptoms, vomiting, loss of appetite, unusual craving for sweets, red eyes, dilation of pupils?

- Have your child's relationships with other family members deteriorated?
- Are there signs of apparent emotional/psychological problems such as depression, loneliness, paranoia, or withdrawal?

If you answered "YES" to any two of the above questions, there is a possibility that your teen is developing a problem with alcohol and other drugs.

If you answered "YES" to three or more questions, chemical use is probably causing serious problems in your family. Consider seeking help from a professional alcohol/drug counselor.

It is possible for a teen to be suffering from chemical dependency without a parent ever seeing the child drunk or "stoned."

"We used to think only the child with problems would use drugs, but many pot smokers are happy, outgoing kids with friends, good parents, and no apparent reason to escape from reality."

Ingrid Lantmer, M.D.
Cleveland Pediatrician

FAMILY ISSUES/CHILDREN OF ALCOHOLISM

The most important thing we can do for our children's well-being is to look at our family members and honestly appraise each one's use of alcohol and/or other drugs, in the past as well as the present. (See *How Do I Know? Where Do I Go?*, published by SAC².) Should we suspect alcoholism/chemical dependency in our family, we must take action.

Many scientific studies show that children with a parent or close relative who suffers from alcoholism/chemical dependency are in danger of developing the disease themselves. Although alcoholism/chemical dependency can also develop in individuals with no family history of the disease, those "at risk"

- usually become victims of the disease at a young age.
- often manifest problems with school, work, relationships, and/or health which are not correctly attributed to a developing problem with alcohol and/or other drugs.
- may move rapidly through the stages of the disease to full dependency during teen or preteen years.

Therefore, it becomes particularly important for children "at risk" to avoid early experimentation with alcohol and other drugs and to become aware of their risk factors.

In addition to alerting us to the genetic connection, studies indicate that children raised in a family with an alcoholic/chemically dependent member develop identifiable behaviors, and many are likely to experience problems related to these childhood experiences sometime in their lifetime.

According to studies compiled by the National Association for Children of Alcoholics:

- Children of Alcoholism (CoA's) often adapt to the chaos and inconsistency of an alcoholic home by developing behaviors which result in low self-esteem, depression, isolation, guilt, and difficulty maintaining satisfying relationships. These and other problems often persist throughout adulthood.
- CoA's are prone to experience a range of psychological difficulties, including learning disabilities, anxiety, attempted and completed suicide, eating disorders, and compulsive achieving.
- The problems of most CoA's remain invisible because their coping behavior tends to be approval-seeking and socially acceptable. However, a disproportionate number of those entering the juvenile justice system, courts, prisons, and mental health facilities, or who are referred to school authorities are children of alcoholics.

There is help for families with an alcoholic/chemically dependent member. There are counselors who specialize in the concerns of these families. Other family members can become healthier and happier regardless of whether the alcoholic/chemically dependent member seeks treatment for his/her disease. Please refer to "Where to Find Help" in this handbook for more specific information about resources.

The following terms used to describe the dynamics within these dysfunctional families should enhance the understanding of all concerned persons:

Denial — is a refusal to acknowledge or admit that a problem with alcohol or other drugs exists. This rationalization of inappropriate behavior is usually manifested by both the problem drinker/drug dependent and his/her family and friends. All are unaware of the physical addiction. They may believe the alcohol/drug use is merely a response to stress, or reflects "social use."

Enabler — is any person, family member, employer, colleague, teacher, doctor, pastor, counselor, or friend who colludes with the alcoholic's symptomatic denial of his/her condition and rescues him/her from the consequences of his/her use of alcohol or other drugs. These people believe they are acting out of love and concern.

Intervention — is an event planned by a PROFESSIONAL IN THE FIELD OF ALCOHOLISM/CHEMICAL DEPENDENCY TREATMENT. The goal is to have the dependent person enter treatment for his/her disease immediately. Family and friends of the dependent person gather to confront him/her with FACTS concerning his/her behavior while using alcohol or other drugs.

OR

Intervention — is a process, a series of smaller events where family and friends allow the dependent person to suffer the consequences of his/her own actions. S/he will see more clearly the scope and cause of his/her problems. Both forms of intervention help dependent people to see themselves as others see them and face the reality of the disease and their need for help.

PREVENTION

Some people believe prevention is synonymous with education or factual information. Although education is important, alone it cannot prevent alcohol and other drug problems. Prevention is an ongoing and ever changing PROCESS. At various stages it is important to ask what we are seeking to prevent. For instance, do we want to prevent:

- our child from experiencing ANY problems related to alcohol and other drugs?
- exposure to activities where alcohol/drugs are being used?
- that first incident of experimentation?
- the regular use of alcohol and other drugs among youth?
- the progression of the symptoms of chemical dependency at an early stage?
- family complications resulting from the disease?

Prevention techniques may be different for each of the above. Many prevention programs are being offered today. Each is being presented as a solution to this nation's involvement with alcohol and other drugs. Although many are important, no single strategy or program can solve this very complex societal issue. And no single strategy or program will prevent a child from experiencing problems or being affected by the alcohol/drug use of family or friends. From kindergarten through high school, parents are the most critical ingredient in the process of prevention.

Implicit in this is the challenge to each parent to try to improve the environment adults provide for children on a community level as well as a personal family level. As we examine our communities and our society we must ask ourselves if alcohol/drug consumption is encouraged through:

- social norms.
- federal tax deductions.
- increased availability (i.e., cigarette machines, liquor licenses).
- advertising.
- low excise tax/low product cost.
- alcohol/drug norms portrayed in the media.

Are these practices contributing to the unhealthy and unsafe environment?

This entire handbook offers prevention strategies. It has emphasized the importance of parental awareness and involvement in the lives of our children. It has stressed the need to learn what is happening in our children's world today and how the world of a child has changed over the last thirty years. Prevention is a way of life requiring parents to make sacrifices for the health and well-being of their children. These sacrifices include parents' time, energy, and personal plans, but never their values.

"Parents can and should support public policy issues such as restrictions on alcohol advertising and the raising of excise taxes on alcohol. Research indicates these are the most effective ways to reduce consumption among young people."

Jean Kilbourne, Ed.D.
Writer, Lecturer, Film Maker
Calling the Shots

The Role of the Church/Synagogue/Mosque

A recent study conducted by Hazelden Foundation revealed that such factors as the number of times parents talk with their children about alcohol/drugs, participation in athletics, and school-based drug education had NO impact on the use of alcohol/drugs by youth. (See pg. 21 for additional reference to the Hazelden study.) These were surprising results in light of the emphasis on these factors in current prevention efforts. Of great significance to the religious community is that the study found youth who have a church affiliation and participate in its activities are LESS LIKELY to use chemicals. Affiliation with a religious institution offers strength to many families by providing spiritual direction influencing and reinforcing family attitudes. Unfortunately, children today are confused because they are being exposed to cultural values and attitudes which may be in conflict with those taught at home or in their house of worship. (See "Raising Children in the 1990's," pg. 3) Parents must insist that the religious community speak more loudly in the chorus of grown-up voices influencing our youth.

In addition, when families experience personal problems they often turn to the clergy. Research shows that 42% of personal problems are brought to the clergy first. However, vast numbers of clergy are coming to realize that an occasional guest lecture or AA talk in the seminary did not prepare them for coping with the nation's number one public health problem and its repercussions on family life. As leadership in the religious community tries to address this dilemma, we should support these efforts. Let us focus more of our time and energy promoting much needed in-depth education of adult populations such as the clergy.

WHERE TO FIND HELP

It is important to know that setting guidelines, educating ourselves, being good role-models, or changing social norms will not guarantee that our youngster or family will escape problems related to alcohol/drugs. However, parents must become actively involved in order to provide the healthiest environment possible as well as to prepare themselves to assist their child should a problem develop. We suggest the following action:

- Form a parent discussion group. Ask the group to read each section of "As Parents, We Will..." Then center the discussions on the information presented. Do not overlook the initial article "Raising Children in the 1990's" by Dr. Rosenthal. This brief history will underscore the importance of parent involvement in today's world. Plan several meetings to allow time to consider all the issues presented in the handbook. Unity of purpose and problem sharing among adults can work wonders in changing community attitudes about the use of alcohol and other drugs.
- Learn all you can about alcohol/drugs and the disease of chemical dependency. Attend classes and educational events available in your community. Read current factual books and pamphlets such as those listed in the *Bibliography* which follows. Encourage your school to include the books for youth listed there in their libraries. Because there has been so much written on these subjects in the last decade, many sometimes contradictory opinions have been voiced. When reading beyond the bibliography, it is wise to consult the well-substantiated material from the catalogs listed in the *Pamphlets* section. An educated parent is best prepared to meet the challenges of raising children today.
- If you are experiencing problems with your child or within your family, write SAC[2] for a free brochure entitled "How Do I Know? Where Do I Go?" It provides information to assist you in determining whether a problem is related to alcohol and/or other drug use, and if so, the best way to proceed to get help.

"An educated and committed family is the nation's best defense against drug and alcohol problems."

Robert L. DuPont, Jr., M.D.
Getting Tough on Gateway Drugs; A Guide for the Family

Self-Help Groups

Try Al-Anon or Families Anonymous for yourself if any member of your family has a drinking/drug use problem. There is no cost, and everything is handled with strict confidentiality.

Suggest AA (Alcoholics Anonymous) or NA (Narcotics Anonymous) to a young person or adult whose drinking or use of other drugs is causing problems in his/her life. Many teens attend AA or NA meetings regularly. There is no cost. Each new member is made to feel welcome but is not pressured to participate... and everyone's anonymity is protected.

Encourage any teen (age 12-18) who has a family member or close friend with a drinking/drug problem to attend Alateen. These young people need the support of an anonymous peer group dealing with similar concerns.

Consult your telephone directory for local phone numbers of any of the self-help groups described above. Call for information about locations and times of meetings. In most communities these groups meet in a variety of locations several times weekly.

"There is no typical family affected by alcoholism. Every income level, racial group, religion, geographical area, ethnic background, and occupation is represented among alcoholic families."

National Association for Children of Alcoholics

Student Assistance Programs

School systems in many communities are adopting Student Assistance Programs to offer help for students in grades K-12. A typical Student Assistance Program offers help for a wide range of alcohol/drug related personal or family problems such as school performance, attempted suicide, divorce, alcohol and other drug use, violation of school policy or the law, and the impact of family alcoholism.

Some of the services Student Assistance Programs provide are: individual and group counseling, student support groups designed to address specific concerns, and a class or other opportunity which enables a student to learn about and evaluate his/her use of alcohol and other drugs. Parents of a troubled student often participate in the process to determine if the available data indicate the need to seek professional assessment and help. Early identification of a developing problem and support for these young people is the intent of Student Assistance Programs.

For more information about Student Assistance Programs, see *When Chemicals Come to School — The Student Assistance Program Model* by Gary L. Anderson published by Community Recovery Press, Greenfield, Wisconsin. This publication, the booklet *Enabling in the School Setting*, and other materials are available from the Johnson Institute, 1-800-231-5165.

Urine Testing

Although urine testing is one of the most controversial issues of the day, many experts believe it is a valuable prevention tool. It can be used by parents or physicians to determine if a child is involved with drugs. Testing can also help to keep a child who has been using drugs "clean." For a complete discussion of this issue as it relates to adolescents see, *"Getting Tough on Gateway Drugs; A Guide for the Family"* by Robert DuPont, Jr., M.D. Dr. DuPont is an expert in the field of adolescent alcohol/drug problems.

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Pamphlets/Catalogs/Other Resources

Alcoholics Anonymous, Al-Anon/Alateen, see your telephone White Pages.

Hazelden Educational Materials, Box 176, Center City, MN 55012 — 1-800-328-9000. Catalog available.

Johnson Institute, 7151 Metro Boulevard, Minneapolis, MN 55435 — 1-800-231-5165. Catalog Available.

National Council on Alcoholism and Drug Dependence, 12 West 21st Street, New York, NY 10010. (212) 206-6770. Catalog available. Toll-free information 1-800-NCA-CALL.

SAC² will provide a more complete list upon request to address on page 32.

MYTHS = MIXED MESSAGES

Many well-meaning adults are confused or intimidated by other adults who advance the argument of "responsible use" of alcohol by adolescents, and we need to give more thought to these "myths of responsible use."

Myth #1: "All kids will try drinking (and/or smoking pot). It's part of growing up."

This myth is dangerous because it implies that such experimentation is harmless. Accidents are the leading cause of death among teenagers; suicide is second; the age at which young people become sexually active is closely correlated with the onset of drinking. The natural risk-taking behavior and impulsiveness of teenagers is greatly exaggerated when they drink.

Mix this natural impulsiveness and risk-taking behavior with the fact that adolescents also never believe that anything bad will happen to them, and the accident statistics are understandable. While we cannot be naive enough to believe that our children won't challenge us, I think we do them a disservice when we don't let them know that alcohol experimentation, like sexual experimentation, is not harmless or without serious risks. To **condone** *such experimentation as simply "a part of growing up" is not responsible.*

Am I saying that all we have to do is tell our children clearly how we feel and they will quit drinking? No. Any more than just our words keep our children from lying, cheating, or having unprotected sex. But we don't allow that argument to keep us from saying loudly and clearly what we believe about **those** *activities — and alcohol use is closely connected with all of them.*

Myth #2: "I drank when I was in high school and it never hurt me."

First of all, the comparison is probably not valid because the amount of drinking and use of other drugs that now goes on in high school, and especially in middle school, has increased dramatically since most parents were in school. Would you be as accepting of the statement, "I started drinking in sixth grade, and it never hurt me?" That is the trend in onset of use.

And for those who did begin to drink at an early age and can honestly say they never suffered any serious consequences, can they also say that they never knew anyone who did? How many of us are willing to take the chance that our children will survive by having our luck?

Myth #3: "They drink because we make such a big deal of it. In Europe there is no drinking age, and they don't have this problem."

This "myth" is particularly widespread and inaccurate. While it's true that some countries have very low rates of alcoholism, others have very high rates. **The key factor seems to be not whether or not there is a legal drinking age, but rather how clear the cultural standards are about what, how much, and when it is appropriate to use a drug.** *In countries such as Italy where public drunkeness is ridiculed, there is little alcohol abuse. In countries such as France and Ireland where drunkeness is condoned, alcoholism is a major social problem.*

Myth #4: "Kids have to experiment so that they will learn their limits."

This myth also seems to imply that this is the ***best*** *time for them to learn these limits. I contend that, considering the fact that adolescence may be the time when one experiences positive and negative emotions most intensely, this is not the "natural" but the absolutely* ***worst*** *time in a person's life to be experimenting with alcohol.*

I know few adults who would want to relive their adolescence, but, although painful, it was the period when they learned through trial and error to define themselves as social, sexual, and occupational individuals. What frightens me the most about the availability of alcohol to our adolescents — and preadolescents — is that it allows them to circumvent this normal process of maturation.

Myth #5: "Well, I'd rather my kid try this stuff while he's still living at home and I can supervise him. After all, no one will be there to watch him in college."

If this approach were working, wouldn't we be seeing evidence of less and less drinking on college campuses as these "mature" drinkers arrive? Instead, the exact opposite is happening: more and more colleges are adopting stringent measures to control the abuse that they see reaching epidemic proportions.

The other misconception in the above rationale is the idea that it is only by supervising a young person's use that a parent can influence how and when he uses. In fact, research shows that we influence how our children will drink **most strongly** *by what we model through our own use.*

Myth #6: "I'm sure that high self-esteem protects a child from the dangers of alcohol and other drugs."

While it is true that many studies show that substance abusers have lower self-esteem than nonusers, it is the substance use that is the predictor of lower self-esteem, not the reverse. Research seems to indicate that such use reduces self-esteem because it reduces both performance and achievement — important sources of self-esteem enhancement.

I believe it is important for parents to understand that low self-esteem is an effect of substance abuse, not a cause, because it can help break through the denial of those who say, "But s/he is so popular, and such a good student, and a wonderful athlete, s/he would never get in trouble with alcohol or other drugs." The reality is that many successful athletes, performers, doctors, lawyers and other professionals are addicts.

Myth #7: "I don't mind if my children drink, as long as they do it responsibly."

Translation: "We expect you to do things that are illegal — as long as you do them 'responsibly.' "

Susan Pearce, M.A., C.S.W.

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Dear Friends,

"As Parents, We Will..." was conceived and written by members of the Substance Abuse Community Council of Grosse Pointe. The information was compiled from the most current data available and was then reviewed by experts in the fields of child growth and development and alcohol/drug use and dependency. In order to maintain the integrity of the information, this publication has been copyrighted and may not be reproduced in whole or in part.

SAC² believes that problems related to the use of alcohol and other drugs are a major threat to the health and safety of the world. In addition to addressing these issues within its own community, the Council is committed to sharing and working with other communities. Therefore SAC² is offering this booklet below cost to parents, community organizations, and agencies nation-wide. SAC² is a nonprofit, volunteer organization with no paid staff or office space. The Council relies solely on contributions from individuals, community organizations, and foundations for its financial support.

The Substance Abuse Community Council of Grosse Pointe

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SAC²
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Over the years I have often shared my closely guarded copies of "As Parents, We Will..." with parents who have asked me what they can do to help their children avoid the trauma of alcohol and drug abuse. . . I have always felt that "As Parents, We Will..." was an excellent handbook.

Betty Ford
Former First Lady
Founder of the Betty Ford Center

In reality, the war on drug abuse in this nation will be won or lost in our respective families and communities. This booklet, . . . most importantly, provides practical ideas for communities and families to use in establishing clear no-use messages.

Peter Bell
Executive Director, Institute on
Black Chemical Abuse, St. Paul

A "must read" by all parents. Sound, practical ways to help your child remain alcohol and drug free. Your children need you to take control.

Claudia Black, Ph.D.
Author, Lecturer, Therapist for
Children of Alcoholics

I read your booklet and all people, kids as well as parents, should read it and learn! You are right on in many of the subjects you mention — especially alcohol.

David Toma
Lecturer, Author, TV Personality
Former Narcotics Policeman

"As Parents, We Will..." is a contemporary classic: an easy-to-read, up-to-the minute handbook for family survival. Using the principles from the Guide will go a long way toward helping families produce healthy, productive, happy, drug-free adolescents and young adults. I find the strong focus on cigarette and alcohol use, the key Gateway Drugs, the most useful part of the Guide.

Robert L. Dupont, M.D.
Former White House Drug Chief
President, Institute for Behavior and Health
Georgetown University Professor

. . . Particularly important, is an understanding by parents of their rights and responsibilities to assist their own children in realizing the health consequences of drug use and to establish guidelines and examples for their children. "As Parents, We Will..." provides information essential to an understanding of the dilemma that we confront.

Donald L. Reisig
Drug Agencies Director
State of Michigan

An excellent and important resource for parents and educators.

Jean Kilbourne, Ed.D.
Media Critic, Educational Film Maker
College Campus Lecturer

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